Permit # _

SOUTH HAYWARD BART

Residential Permit Parking Application

NAME:				
	(Last Name)		(First Name)	
ADDRESS:			PHONE NUMBER:	
Part II: REQUEST PERMIT BY TYPE TOTAL				
Registered Vehicle Permits (list vehicle license plate in Part III below)				
Visitor Permits				
Total Number of Permits Requested				
(Not to exceed <u>four</u> total permits per address)				
Part III: REGISTERED VEHICLE INFORMATION				
Vehicle	License Plate		Make/Model	
#1				
#2				
#3				
#4				
Print Name		Sign		Date

SEND COMPLETED APPLICATION TO:

Part I: RESIDENTIAL INFORMATION

Via Mail: City of Hayward, Revenue Division, 777 B Street, Hayward, CA 94541

Via Email: Nelson.Snook@hayward-ca.gov

777 B Street • Hayward • CA • 94541
Tel: 510-583-4610 • Fax: 510-583-3644 • Website: <u>www.hayward-ca.gov</u>